

05946

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/582,027
Filing Date	June 8, 2006
First Named Inventor	Maria Dorly Del Curto
Title	Stabilized Interferon Liquid...
Art Unit	
Examiner Name	
Attorney Docket Number	SER-111

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23557

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Maria Dorly Del Curto	Date	15.07.06
Name	Maria Dorly Del Curto	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

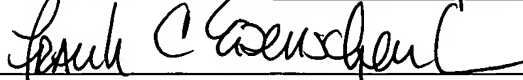
This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents, P.O. Box 1450
Alexandria, VA, 22313-1450 on October 19, 2006.

Patent Application
Docket No. SER-111
Serial No. 10/582,027


Frank C. Eisenschenk, Ph.D., Patent Attorney

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Maria Dorly Del Curto
Serial No. : 10/582,027
Filed : June 8, 2006
Conf. No. : 1355
For : Stabilized Interferon Liquid Formulations

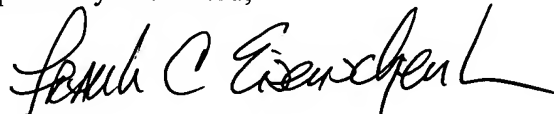
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUBMISSION OF POWER OF ATTORNEY AND
CORRESPONDENCE ADDRESS INDICATION FORM

Sir:

Transmitted herewith for filing in connection with the above-identified patent application is a Power of Attorney and Correspondence Address Indication Forms executed by the inventor.

Respectfully submitted,



Frank C. Eisenschenk, Ph.D.
Patent Attorney
Registration No. 45,332
Phone No.: 352-375-8100
Fax No.: 352-372-5800
Address: P.O. Box 142950
Gainesville, FL 32614-2950

FCE/sl

Attachment: Power of Attorney form